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Weekly

Bulletin

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GUY P. JONES
EDITOR

HIGH LIGHTS FROM BIENNIAL REPORT.

The following are extracts from the report of the Secretary of the California State Board of Health as published in the Twenty-ninth Biennial Report of the Board:

MALARIA.

Malaria is one of the communicable diseases that is not reported efficiently. That is due to the fact that the disease is seldom fatal; it produces a disability but very seldom causes death. A large number of cases, without doubt, are never seen by physicians. Many individuals suffer from the disease without knowing it, and countless numbers resort to self-treatment through the use of proprietary remedies. There were 184 cases reported during the calendar years, 1924 and 1925. During the preceding two years there were 411 cases reported in the state. It is a significant fact that a considerable proportion of the cases reported are found in the metropolitan areas of the state which, in no sense of the word, are malarial districts. Many individuals residing in those sections of the state where malaria is endemic travel to the larger cities, where diagnoses are made. It would seem, as a matter of fact, that there is but a single limited area in the northern part of the great interior valley of California where malaria is unduly prevalent. By concentrating in our efforts to control the disease in this limited area we should be able to accomplish marked results in the elimination of this disease from the state. The report of the Division of Mosquito and Malaria Con-

trol published in this volume indicates that there is continued activity in the mosquito abatement districts established throughout California. It should be noted, however, that these activities are not confined to those sections of the state where malaria exists. More work in mosquito control is carried on in the salt marsh districts where non-malaria bearing mosquitos flourish. The high assessed valuation of land in the districts around the San Francisco Bay permits the raising of large sums of money by means of tax levies, provision for which is made in the Mosquito Abatement District Act. The low assessed valuation of some of the land in the malarial districts of the state does not permit raising funds that are in any way adequate for carrying on this type of work. In spite of this fact considerable effort has been expended, and with commensurate results, through the extension of state aid to such districts. There is every reason to believe that malaria is in no way as serious a problem in California, at the present time, as it was a few years ago. There is concrete evidence that the disease is gradually being brought under complete control in this state and that within a few years, provided that control work is continued, the menace of malaria shall have been completely removed from California.

SPECIAL MALARIA SURVEY.

In February of 1926, Dr. Paul S. Carley of the International Health Board was detailed to California for the pur-

pose of making a survey in order to determine the extent of malaria in California. It was believed advisable for such a survey to be conducted in order that a check might be obtained upon the results of mosquito and malaria control work that had been carried on within the state during the past ten years.

Dr. Carley's survey, which covered about four months of work showed that malaria has decreased greatly in California. He made spleen examinations in 6983 school boys whose ages ranged from 5 to 13 years, it having been determined that spleen examinations in pupils of the public schools would give the most reliable present-day index of the extent of malaria within the state. Dr. Carley found that the areas of maximum endemicity of malaria lie in the northern part of the Sacramento Valley. South of San Joaquin County malaria, to all intents and purposes, is negligible. The survey indicated that practically the only malaria problem in California lies in the territory north of Sacramento County. This does not mean that malaria assumes anything like the prevalence that is noted for the disease in other parts of the country. The problem, however, exists in California but not in any measure comparable to the magnitude that it assumed ten years ago. As a matter of fact there has been a noted decrease in malaria throughout the world. During the past decade Dr. Carley believes that the improvement in economic conditions has had considerable to do with this decrease and it is the personal view of the investigator that, given another twenty years at prosperity such as the Sacramento Valley now enjoys and assuming that factors such as immigration and similar factors remain relatively constant, the disease will disappear from the state.

INFANT MORTALITY.

Lower infant mortality rates prevailed for both years of the last biennial period over those years of the preceding biennial period. The reduction was not marked, however, and there is, as a matter of fact, little change in infant mortality conditions from year to year. San Francisco, Oakland, Berkeley and other cities continue to have remarkably low infant mortality rates. In proportion to population some of these cities rank with those of the Pacific-Northwestern states in maintaining the lowest infant mortality rates of any municipalities in the country. In some California cities, however, the high infant mortality rates are most deplorable. It would seem that there is little or no community pride

in making an effort to salvage these human lives. Undoubtedly the most important factor in the reduction of infant mortality lies in securing thorough registration of all births. This is obvious when it is considered that the infant mortality rate is the proportion of deaths of infants to the total number of live births. If all births are *not* registered, but if all deaths are registered, the infant mortality rate will of course be correspondingly high. The more thoroughly that births are reported in any community the lower its infant mortality rate will be. Next in importance in the production of a low infant mortality rate is the provision of pure milk supplies for infants, particularly during the summer months. Infantile diarrhea and enteritis constitute the most outstanding factors in the production of high infant mortality rates. No diseases take more infant lives than these intestinal disorders. There is room in most California communities for great improvement in saving infant lives. It must be recognized that some of our communities maintain infant mortality records that are among the best of any that are produced in the United States. Due credit is to be given to those communities for the part that they play in making the infant mortality rate for the whole state low; on the other hand, those communities where no safeguards are provided for infant lives constitute an outstanding factor in retarding California in its efforts to make the infant mortality rate for the whole state much lower than it is at the present time.

SCARLET FEVER.

Scarlet fever showed a slight increase during the last biennial period. There were 14,682 cases reported during the last two years as against 13,442 cases reported during the two years preceding. Other states showed similar increases. The factors in the production of this increase are not definitely known. It would appear, however, that methods of control are lax in many communities. Quarantine very often is not maintained for a sufficient length of time and convalescent cases are given their freedom before suppuration has ceased. It is believed that more strict enforcement of regulations for the control of this disease would produce conspicuous results in reducing its prevalence. This is a serious disease and it would be well for all health officers to regard it more seriously than they do at the present time. The relatively new procedure of immunization against scarlet fever is not widely used in

California at present. With the development of this procedure and its more extended application there is reason to believe that we shall have an effective weapon in the control of scarlet fever. Until immunization against this disease is more generally used there should be no neglect in the enforcement of rigid control measures along standard lines. It is highly important that quarantine be established early and continued in force until there can be no doubt of the complete recovery of the patient.

SEPTIC SORE THROAT.

Although septic sore throat is not a reportable disease in California there are indications that a number of outbreaks have occurred within the state. Streptococcus infections among dairy workers are not uncommon and recent records indicate the appearance of a large number of cases of such infections which were spread through the use of infected milk supply. It would seem that the whole problem of the control of milk supplies on the basis of the role that they play in communicable diseases is a matter for serious consideration. The presence of a number of outbreaks of milk-borne typhoid fever, together with the strong indication that a number of outbreaks of streptococci infection have been spread in this manner, makes the problem worthy of serious consideration by all health departments within the state.

LEPROSY.

The establishment of the Federal Leprosarium at Carrville, Louisiana, a few years ago has done much to relieve California counties of the burden connected with the care of lepers. Every year in California a number of Orientals and Mexicans, for the most part, are found to be suffering from this disease. Whenever such a leper is found, isolation is established immediately and the patient is held until such time as he can be removed to the Federal Leprosarium. The United States Public Health Service has recently fixed November and May as the stated periods during which semiannually all eligible lepers will be moved to Carrville. The California State Board of Health was instrumental in securing the establishment of the Federal Leprosarium and takes no inconsiderable interest in the successful operation of this long-needed institution.

(Continued in next issue.)

MORBIDITY.*

Diphtheria.

189 cases of diphtheria have been reported,

as follows: Alameda 1, Berkeley 3, Oakland 3, Butte County 1, Colusa 2, Pittsburg 1, Fresno County 2, Los Angeles 27, Alhambra 2, Azusa 3, Glendale 1, Huntington Park 1, Long Beach 1, Los Angeles 80, Pasadena 1, Lynwood 3, South Gate 2, Merced County 6, Salinas 1, Orange County 4, Santa Ana 2, San Bernardino 1, Upland 1, San Diego 8, San Francisco 22, Lodi 1, San Luis Obispo County 1, San Mateo 2, San Jose 1, Modesto 2, Tehama County 1, Santa Paula 1, Ventura 1.

Measles.

776 cases of measles have been reported, as follows: Alameda County 4, Alameda 39, Albany 5, Berkeley 29, Hayward 1, Oakland 215, Piedmont 5, Butte County 3, Chico 3, Colusa 11, Concord 1, El Cerrito 3, Pinole 1, Richmond 3, Fresno County 1, Fresno 3, Bakersfield 2, Los Angeles County 2, Alhambra 1, Avalon 1, Culver City 10, Long Beach 7, Los Angeles 3, Pomona 2, Monterey County 34, Carmel 3, Salinas 19, Orange County 26, Lincoln 2, Sacramento County 2, Sacramento 34, San Benito County 4, Redlands 1, San Bernardino 35, San Diego 2, San Francisco 64, San Joaquin County 27, Stockton 91, San Luis Obispo County 11, San Mateo 1, Santa Barbara County 1, Mountain View 11, Palo Alto 1, Benicia 2, Vallejo 11, Stanislaus County 7, Modesto 6, Yuba City 1, Tehama County 12, Red Bluff 13.

Scarlet Fever.

296 cases of scarlet fever have been reported, as follows: Alameda 2, Albany 3, Berkeley 2, Oakland 15, Piedmont 2, Butte County 6, Pinole 1, Richmond 11, Fresno County 2, Humboldt County 2, Bishop 1, Bakersfield 1, Los Angeles County 20, Arcadia 1, Beverly Hills 3, Burbank 1, Compton 2, El Segundo 2, Glendale 7, Hermosa 1, Huntington Park 3, Long Beach 15, Los Angeles 64, Monrovia 2, Pasadena 14, Redondo 1, Whittier 1, Hawthorne 1, South Gate 1, Maywood 1, Sausalito 1, Merced County 1, Orange County 2, Anaheim 4, Fullerton 4, Huntington Beach 5, Orange 1, Santa Ana 3, Lincoln 2, Sacramento 9, Redlands 1, San Bernardino 2, San Diego County 2, Chula Vista 1, National City 1, San Diego 9, San Francisco 18, San Joaquin County 2, Stockton 7, Paso Robles 3, Burlingame 2, Santa Barbara County 3, San Jose 11, Santa Clara 3, Sunnyvale 1, Watsonville 1, Vallejo 4, Stanislaus County 2, Modesto 1, Tulare County 2.

Smallpox.

12 cases of smallpox have been reported, as follows: Oakland 5, Arcadia 3, Los Angeles 4.

Typhoid Fever.

13 cases of typhoid fever have been reported, as follows: Fresno 1, Alhambra 1, Sacramento County 1, North Sacramento 1, San Francisco 3, Stockton 1, Redwood City 1, Vallejo 1, Stanislaus County 1, Tulare County 1, California 1.

Whooping Cough.

97 cases of whooping cough have been reported, as follows: Berkeley 1, Oakland 13, Piedmont 8, Pittsburg 3, Los Angeles County 21, Alhambra 2, Long Beach 11, Los Angeles 2, Pasadena 4, San Gabriel 5, Orange County 1, Sacramento 1, San Diego 2, San Francisco 18, Watsonville 5.

Poliomyelitis.

6 cases of poliomyelitis have been reported, as follows: Los Angeles County 3, Glendale 1, Orange County 1, San Joaquin County 1.

*From reports received on November 22d. and 23d, for week ending November 20th.

COMMUNICABLE DISEASE REPORTS.

Disease	1926				1925			
	Week ending			Reports for week ending Nov. 20 received by Nov. 23	Week ending			Reports for week ending Nov. 21 received by Nov. 24
	Oct. 30	Nov. 6	Nov. 13		Oct. 31	Nov. 7	Nov. 14	
Anthrax	0	0	0	0	1	0	0	0
Botulism	0	0	0	0	1	2	0	0
Chickenpox	177	216	256	308	130	210	173	239
Diphtheria	151	161	167	189	115	135	127	111
Dysentery (Bacillary)	1	1	0	0	0	1	4	0
Encephalitis (Epidemic)	4	1	1	0	2	2	3	0
Gonococcus Infection	106	133	85	116	144	134	81	233
Influenza	21	13	21	17	15	6	20	17
Jaundice (Epidemic)	4	0	2	0	0	0	0	0
Leprosy	0	0	0	0	0	0	1	0
Malaria	2	2	3	0	2	2	1	0
Measles	588	655	656	776	14	13	13	17
Meningitis (Epidemic)	5	5	1	0	0	0	2	2
Mumps	101	174	139	207	130	161	203	165
Paratyphoid Fever	1	0	0	0	0	0	1	2
Pneumonia (Lobar)	57	25	36	54	33	44	63	35
Poliomyelitis	1	5	2	6	7	11	17	13
Rabies (Animal)	8	10	13	10	8	2	3	5
Rabies (Human)	0	0	0	0	0	0	0	0
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	211	221	293	296	72	102	124	146
Smallpox	14	13	47	12	32	32	66	39
Syphilis	136	207	84	119	142	212	105	200
Tetanus	4	0	2	1	1	0	2	1
Trachoma	4	2	4	6	3	4	3	17
Trichinosis	0	0	0	0	0	0	0	0
Tuberculosis	184	213	165	165	158	183	166	195
Typhoid Fever	19	18	19	13	12	16	14	15
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	67	71	79	97	54	71	56	22
Totals	1856	2146	2075	2392	1076	1343	1248	1474

COMMUNICABLE DISEASES BY AGE GROUPS, OCTOBER, 1926.

Disease	0-1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55--	Adult
Anthrax	0	0	0	0	0	0	0	0	0	0	0
Chickenpox	22	103	368	49	12	1	6	3	0	0	4
Diphtheria	8	90	212	78	26	22	36	12	7	2	6
Dysentery (Bacillary)	0	1	0	0	0	0	0	1	0	1	0
Encephalitis	0	1	0	1	0	0	0	1	1	3	0
Erysipelas	4	1	0	2	1	1	3	3	1	6	2
German Measles	2	5	22	7	3	0	2	0	0	0	0
Gonococcus Infection	0	5	9	4	49	116	118	44	9	4	7
Hookworm	0	0	1	1	0	0	2	0	0	0	0
Jaundice (Epidemic)	0	0	1	4	3	1	0	0	0	0	0
Leprosy	0	0	0	0	0	0	2	0	1	0	0
Malaria	0	0	0	2	1	1	3	0	1	1	0
Measles	36	403	1270	125	26	12	10	2	2	0	11
Meningitis (Epidemic)	3	1	0	0	2	2	2	0	1	0	1
Mumps	1	35	239	113	21	10	6	5	4	2	10
Ophthalmia Neonatorum	0	0	0	0	0	0	0	0	0	0	0
Paratyphoid Fever	0	0	0	0	0	1	1	0	0	0	0
Pellagra	0	0	0	0	0	0	0	1	0	1	0
Pneumonia (Lobar)	6	19	18	4	6	7	20	18	12	55	1
Poliomyelitis	2	6	4	0	0	1	0	0	0	0	0
Scarlet Fever	6	105	359	140	17	25	19	8	1	1	5
Smallpox	0	7	7	13	9	5	7	5	3	3	1
Syphilis	4	2	6	3	32	81	153	109	50	44	6
Tetanus	0	0	2	1	0	0	0	0	0	1	0
Trachoma	0	0	5	1	0	1	0	0	0	0	0
Tuberculosis	1	12	24	20	46	85	215	139	68	68	8
Typhoid Fever	0	1	14	11	8	10	15	6	3	4	1
Whooping Cough	18	78	121	5	0	1	0	0	0	0	0
Typhus Fever	0	0	0	0	0	0	0	0	1	0	0